

## INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

As authorized by Health & Safety Code Section 1797.172 all new applicants for licensure as a Paramedic and Paramedics whose licenses have lapsed beyond one year are required to submit fingerprints for a California Department of Justice (DOJ) criminal history check prior to being licensed. In addition, all applicants who have not resided continuously in California for the past seven years and/or applicants that have a criminal history outside of California are required to complete a Federal Bureau of Investigation (FBI) criminal history check.

DOJ has recently implemented the Applicant Live Scan process for the submission of fingerprints. This new automated system for the electronic submission of fingerprints and the subsequent automated criminal history check and response replaces the blue and white fingerprint card previously used.

Live Scan terminals where you can go to be fingerprinted are located in sheriffs' offices and police departments throughout the state as well as several larger school districts. A list of Live Scan terminal locations can be found on the Internet at the DOJ Live Scan web site at [www.caag.state.ca.us/app](http://www.caag.state.ca.us/app). You may also link to this site from the EMS Authority's web site at [www.emsa.ca.gov](http://www.emsa.ca.gov) or you may call the Paramedic Program Unit at (916) 322-4336 to request a copy.

Fingerprint fees for processing the criminal history check are established by DOJ and may be subject to change. The current nonrefundable fee for this process is \$32. and is payable to the Department of Justice or to the Live Scan Agency doing the fingerprinting. There is an additional fee of \$24. for the FBI criminal history check. If you are required to do both a DOJ and FBI criminal history check, the total fee for both is \$56. The "rolling fee" for Live Scan fingerprinting, which is separate from the fee for processing the criminal history check(s), is paid directly to the agency conducting the Live Scan fingerprinting. The rolling fee (usually \$10. - \$15.) may vary by agency and many agencies require an appointment so we encourage you to call the Live Scan equipped agency before having your fingerprints done.

The EMS Authority will receive the results of the criminal history check(s) electronically within seven to ten days of being fingerprinted in most cases. However, if manual processing is required it may take longer to receive the results and in some rare cases it may take as long as 30 days or more. Once you have been fingerprinted, send the second copy of the Request for Live Scan Service form to the EMS Authority along with your paramedic license application and other required documentation as listed on

# REQUEST FOR LIVE SCAN SERVICE (SAMPLE)

**Applicant Submission (See instructions on back)**

① ORI: \_\_\_\_\_ ② Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer  
③ Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

④ \_\_\_\_\_ ⑤ \_\_\_\_\_  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)  
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)  
City State Zip Code ⑥ ( )  
Contact Telephone No.

⑦ Name of Applicant: \_\_\_\_\_  
Last First MI

⑧ AKA's: \_\_\_\_\_ ① ⑦ CDL No. \_\_\_\_\_  
Last First

⑨ DOB \_\_\_\_\_ ⑩ SEX: Male Female Misc No. BIL - \_\_\_\_\_

① ① HT: \_\_\_\_\_ ① ② WT: \_\_\_\_\_ Misc no. \_\_\_\_\_

① ③ EYE Color: \_\_\_\_\_ ① ④ HAIR Color: \_\_\_\_\_ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

① ⑤ POB: \_\_\_\_\_  
Street or PO Box

① ⑥ SOC: \_\_\_\_\_  
City, State and Zip Code

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

① ⑧ Level of Service ☐ DOJ ☐ FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name \_\_\_\_\_

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)  
City State Zip Code ( )  
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed

**ORIGINAL-Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant**

**All areas indicated on form must be filled in with the information noted below.** The numbers listed here refer to the corresponding numbers on the sample of the Request for Live Scan Service Applicant Submission form on the other side. Please type or print information clearly.

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| <b>Î .</b> <u><b>ORI</b></u><br>The ORI number for the EMS Authority is <b>A0536</b> .   | <b>İ</b> <u><b>Type of Application</b></u><br>Check License, Certification, Permit box only.   |
| <b>Đ</b> <u><b>Job Title or Type of License, Certification or Permit:</b></u><br>Use <u><b>Paramedic</b></u> (no other title is acceptable). | <b>Ñ</b> <u><b>Agency Address Set Contributing Agency</b></u><br>Emergency Medical Services Authority<br>1930 9th Street<br>Sacramento, CA 95814   |
| <b>Ò</b> <u><b>Mail Code</b></u><br>The five digit mail code assigned by DOJ is <b>02531</b> .   | <b>Ó</b> <u><b>Contact Telephone Number</b></u><br>(916) 323-9875  |
| <b>Ô</b> <u><b>Name of Applicant</b></u><br>Indicate complete name. Last Name, First Name and Middle Initial.                                | <b>Õ</b> <u><b>AKA's</b></u><br>Indicate other names used (i.e., nickname maiden name and/or alias name{s}).                                       |
| <b>Ö</b> <u><b>DOB</b></u><br>Indicate month-day-year of birth.  | <b>×</b> <u><b>SEX</b></u><br>Check either Male or Female.   |
| <b>Î Î</b> <u><b>HT</b></u><br>Indicate your height in feet and inches.  | <b>Î İ</b> <u><b>WT</b></u><br>Indicate your weight in pounds.   |
| <b>Î Đ</b> <u><b>EYE Color</b></u><br>Indicate eye color.  | <b>Î Ñ</b> <u><b>HAIR Color</b></u><br>Indicate hair color.  |
| <b>Î Ò</b> <u><b>POB</b></u><br>Indicate the state or country of birth.  | <b>Î Ó</b> <u><b>SOC</b></u><br>Indicate your Social Security Number.  |
| <b>Î Ô</b> <u><b>CDL No.</b></u><br>Indicate you California Driver's License Number.   | <b>Î Õ</b> <u><b>Level of Service</b></u><br>Check the DOJ box and, check the FBI box if you have resided in California 7 years or less. or if you |